

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>7-14-05</u>		2 Serial/Patent # <u>10/519587</u>	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>100</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
			7 TOTAL AMOUNT OF REFUND \$ <u>100</u>

10 REASON:	8 TO BE REFUNDED BY:							
<input checked="" type="checkbox"/> Overpayment	<input type="checkbox"/> Treasury Check							
<input type="checkbox"/> Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:							
<input type="checkbox"/> No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>0</td><td>7</td><td>--</td><td>0</td><td>8</td><td>3</td><td>2</td> </tr> </table>	0	7	--	0	8	3	2
0	7	--	0	8	3	2		

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson
 SIGNATURE: *John Anderson*
 OFFICE: PCT DO/EO

TITLE: Paralegal Specialist
 PHONE: 308-9140 ext 211

 THIS SPACE RESERVED FOR FINANCE USE ONLY:
 APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**